

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054864

FILED
Jan 19, 2009
Secretary of State

Entity Name: AW SOLUTIONS, INC

Current Principal Place of Business:

300 CROWN OAK CENTER DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

300 CROWN OAK CENTER DRIVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-4709198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARMA, BOBBY A
610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYTER, KEITH
Address: 501 BLUFF OAK COURT
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: VARMA, BOBBY A
Address: 2104 BLUE IRIS COURT
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: PARTRIDGE, JAMES
Address: 897 ROCK CREEK STREET
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: POULIN, EMMANUEL
Address: 1325 W. NEW HAMPSHIRE ST
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: WIGGALL, ADAM
Address: 1075 KENSINGTON PARK DRIVE #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V (X) Delete
Name: DUBAY, JEFFREY
Address: 504 YEARLING COVE LOOP
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: VARMA, BOBBY A
Address: 2104 BLUE IRIS PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DUBAY, JEFFREY
Address: 504 YEARLING COVE LOOP
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY A VARMA

VP

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date